

RECORDING REQUESTED BY

72779

12-14-93A11:25 RCY

AND WHEN RECORDED MAIL TO

Name **DAVID K. PRENTICE**
LIONARDO P. MATAMORES JR.Street Address **4716 San Rafael Avenue**
Los Angeles, CA. 90042

City & State

MT 31689-115

SPACE ABOVE THIS LINE FOR RECORDER'S USE

UNIFORM STATUTORY FORM POWER OF ATTORNEY
(California Civil Code Sec. 2475)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA CIVIL CODE SECTIONS 2475-2499.5, INCLUSIVE). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

DAVID K. PRENTICE, A Single Man
4716 San Rafael Avenue, Los Angeles, CA. 90042
(your name and address)

appoint **LIONARDO P. MATAMORES, JR. A Single Man**

4716 San Rafael Avenue, Los Angeles, CA. 90042

(name and address of the person appointed, or of each person appointed if you want to designate more than one)

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

DARLENE WALTON

COUNTY OF LOS ANGELES

NOTARY PUBLIC

MY COMM. EXPIRES 12/31/94

100 S. GRIFFIN AVE.

LOS ANGELES, CA 90012

STATE OF CALIFORNIA

NOTARY PUBLIC

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UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED

If I have designated more than one agent, the agents are to act SEPARATELY.

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 3rd day of November, 1993.

Your Signature

Your Social Security Number

084-387295

Dated November 3, 1993

State of CALIFORNIA

County of LOS ANGELES } SS.

On November 3, 1993 before me,

DARLENE WALTON

Notary Public, personally appeared

DAVID K. PRENTICE
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

DARLENE WALTON
Name (Typed or Printed)



BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 14th day of Dec. A.D. 19 93 at 11:25 o'clock A.M., and duly recorded in Vol. M93 of Power of Attorney on Page 33210.

FEE \$10.00

Evelyn Biehn County Clerk

By Darlene Mullenbach